CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

6 CAMPAIGN TREASURER NAME MI Receipt # Amount \$ MI Date Processed Date Imaged 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER AREA CODE PHONE NUMBER AREA CODE PHONE NUMBER EXTENSION REPORT TYPE January 15 But day before election But day before election PHONE				
OFFICEHOLDER NAME MR NAME MR NAME MR NONNAME LAST SUFFIX Date Received Dat	The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER CITY: STATE: ZIP CODE Date Hand-delivered or Date Postfrar MI Receipt # Amount \$ Date Processed Date Imaged Date	OFFICEHOLDER	MR RICK 12	ろ	Economic Control of the Control of t
Date Hand-delivered or Date Postmar PHONE 6 CAMPAIGN TREASURER NAME MS / MRS / MR M	OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: C		
TREASURER NAME MIST MRS / MR FIRST MI Receipt # Amount \$ TREASURER NAME MIST MRS / MR FIRST MIST MRS / MR FIRST MIST MRS / MRS / MR FIRST MIST MRS / MRS / MR FIRST MIST MRS / MRS / MR FIRST MRS / MRS / MR FIRST MRS / MRS / MR FIRST MRS / MRS / MRS / MRS / MR FIRST MRS / MR	OFFICEHOLDER PHONE	(817) 249-3605	EXTENSION	Date Hand-delivered or Date Postmarked
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TREASURER ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION REPORT TYPE January 15 Sth day before election PHONE PHONE AREA CODE PHONE NUMBER EXTENSION Runoff Treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) PERIOD COVERED Month Day Year THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH TO Other Description Primary Runoff Runoff ELECTION TYPE Month Day Year THROUGH THR		ALLISON		Date Imaged
TREASURER PHONE PREPORT TYPE	TREASURER ADDRESS			
January 15 January 15 January 15 July 15 Sth day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) PERIOD COVERED Month Day Year THROUGH THROUGH LECTION DATE Month Day Year JOLE Month Day Year JOLE Final Report (Attach C/OH - FR) Month Day Year JOLE Final Report (Attach C/OH - FR) And THROUGH THROUGH COVERED OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE SOUGHT (If known)	TREASURER	I HOUSE HOUSE	EXTENSION	
COVERED THROUGH TO TYPE Month Day Year Primary Runoff Description THROUGH THROU	REPORT TYPE			treasurer appointment (Officeholder Only)
SOFFICE ELECTION TYPE Month Day Year Primary Runoff Other Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)		9 / 23 / 2018	10/	
OFFICE SOUGHI (II KNOWN)	ELECTION	ELECTION DATE Month Day Year Primary	Runoff Other Description	
PLACE 4 PLACE 4	OFFICE	BEN brook City Counci	BENDROOK A.	ty Council
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

		15	Filer ID (Ethics Commission Filers)
14 C/OH NAME			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CAND KNOWLEDGE OR CO OF SUCH EXPENDIT	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUS INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS II URES.	RES MADE BY POLITICAL COMMITTEES TO DUT THE CANDIDATE'S OR OFFICEHOLDER'S NFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ O
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	UNLES	POLITICAL EXPENDITURES OF \$100 OR LESS, SS ITEMIZED POLITICAL EXPENDITURES	\$ 1004.52
CONTRIBUTION BALANCE	5 TOTAL	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T DAY OF THE REPORTING PERIOD	* <i>O</i>
18 AFFIDAVIT	JOANNA KIN Notary Public, State & Comm. Expires 06-09 Notary ID 668224	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me didate or Officeholder
Sworn to and subsidiay of 6 000	scribed before me	, by the said — Rick s QUE 5. — , to certify which, witness my hand and seal of office.	, this the
Signatule of office	r administering oath	Printed name of officer administering oath	Title of officer administering oath
			Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Rickie Allisoc 6 Contributor address; City; State; Zip Code 8-31-2018 410 Cozby St. N. BENDROCK TX 76124 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID# Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. SCHEDULE E: LOANS	\$ O	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$ 1006.52	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$ O	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1006,52	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1006.52 \$ \$ 1006.52	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU		
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	FRIBUTIONS \$ 0	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ns \$ O	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed shove)

Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	KICKIE ALLISON	3 Filer ID (Ethic	s Commission Filers)	
9-5-2018 6 Amount (\$)	7 Payee address; City; State; Zip Code			
Amount (\$) FOOK . 5 Z Reimbursement from political contributions intended	Rickie Allison 410 Cozby SI. Worth BENDEROK TX 76126			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD ANY MENT	(b) Description Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living exp		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended		In.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expe		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name		<i>ک</i> ع	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schede Check if Austin, TX, officeholder living expe		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 8-31-2018 TRACTOR BENDROOK BIND BENDROOK TX 76124 TYPE OF X Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. O.F ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 8-31-2018 Amount (\$) TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name. Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebolder/Palitical Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (Government)

Contributions/Donations-Made 6 Candidate/Officeholder/Politica		(Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4: 2 - 3	RICKIE ALLISON	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	TCARD \$ 1006 52
5 Date 9-4-2018	6 Payee name Od 1 M5din 6 Roup 8 Payee address; City; State; Zip Code	स्थार सी प्रेडिंग सामस्यास्य
7 Amount (\$) #/29.64	7700 Camp Bowle Wist Cou	LITE B) FORT WORTH TX 76114
9 TYPE OF EXPENDITURE	Political Non-Politica	0.04 % = 44
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADULLTISING EXPENSE	(b) Description Check it travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office	sought Office held
9-4-2018	adp media Geoup	5.72.
# 704,71	7760 CAMP BOWIE WEST (Su	Ute B) FI WORTH TX 76112
TYPE OF EXPENDITURE	Political Non-Political	20 100
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADUERTISING Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit G/OH		sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expens Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name -4-2018 79.37 WEST (SWITE B) FI WORTH TX 76116 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 (b) Description PURPOSE Check it travel outside of Texas. Complete Schedule T. Adviktising Expense Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Pavee address: TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED